Recollections of cases with intra-ocular foreign bodies

Once upon a time a man came to the writer's out-patient department with a history of having injured his eye while at work using a hammer and chisel a few days before his visit. It was obvious that he had sustained a perforating injury and a foreign body could be seen entangled in the iris below the pupil. The case was admitted and as a matter of routine he was referred to the X-ray department. Judge of our surprise when the report came back that there was no evidence of foreign body. Undeterred by this we performed a corneal section and removed the foreign body with the piece of iris in which it was entangled. Having got it out we were unkind enough to send it back to the X-ray department with a request that the report might be amended. This was done with handsome apologies. We do not remember that the excuse of "hard tube" was even offered and the radiologist was almost overcome, and hardly listened to our statement that no harm had resulted.

Another case some years earlier occurred when we were taking the holiday work of a colleague. Here a man came up with well marked siderosis. His out-patient card showed that he had attended about a year before for injury. In this case the foreign body was seen lying in the fundus just above the disc. The corneal scar was not easy to detect but it was there. As there were no facilities at hand for such special work we sent the man to one of the eye hospitals and heard no more of him.

One case we saw in private having been asked to give a report on a post traumatic cataract. Here, the scar in the cornea was quite easily seen and we referred the patient to his original surgeon with the advice that an X-ray should be taken.

The last case was a remarkable one. Towards the end of the 1914-18 war a service patient was sent by a colleague of ours with a unilateral mature cataract for extraction. The man was in a very melancholic condition. His history was that the left eye had squinted from childhood and he had never had much sight in it. The right eye had been injured eighteen months before and he had been in hospital most of the time since. Besides the cataract he had a corneal scar as well as a tiny hole in the iris. The X-ray photo showed a shadow in the region of the lens. When the lens was extracted the foreign body came out embedded in it. It was a minute fragment of steel. The eye did well and got 6/6 vision. The melancholia cleared up at once.

This man, instead of having been sent to an ophthalmic surgeon as he should have been, had been immured in a hospital for shell-shock cases and other nervous phenomena; about the worst possible
atmosphere for him, and one to which he never should have been sent.

In our opinion there is little excuse for a trained ophthalmic surgeon missing such cases as these, but the fact that it is possible for the expert to make such mistakes should make us chary of blaming one who holds a diploma in general medicine and surgery, and has had no special eye training. The public too often think that because a person is qualified he is competent to give an opinion on any and every kind of case. This is not so; and although the writer supposes that in virtue of his diploma he is as well qualified, on paper, as any one else to give an anaesthetic, he would yet be exceedingly sorry to have to give one, not having done such a thing for close on forty years.

ABSTRACTS

I.—CONJUNCTIVAL


Among the cases of conjunctivitis and keratitis that arise in the course of ordinary practice, many do not appear to be due to infection by bacteria or viruses. Magitot believes that allergy is the most likely explanation in many of these non-infective inflammatory attacks. By allergy he means the consequence of interaction between antigens and antibodies. Such interaction often emerges in the form of a supersensitivity. Allergy may be congenital or acquired, and is often associated with endocrine disorders or other metabolic crises. The congenital form is sometimes called idiosyncrasy.

The conjunctiva is an important path of entry for sensitising substances, but there is no radical difference between ocular allergy and that which arises in other parts of the body. Allergens exist in the form of atmospheric particles (e.g., pollen, products of epidermal desquamation, and industrial substances); may be contained in food and drink; or may operate by contact with the victim's skin or mucous membranes (e.g., furs, hair-dyes, cosmetics, and certain oils or woods). Various drugs, such as atropine, may provoke an allergic reaction. So may insects and parasitic worms. Light, heat, cold, and other physical agencies are sometimes to blame, and micro-organisms may indirectly be responsible for remote allergic effects widely differing from what is found at the site of invasion.

The author thinks that, in addition to such diseases as spring